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3624

| NOTICE OF APPEAL FROM THE EXAMINER TO<br>THE BOARD OF PATENT APPEALS AND INTERFERENCES  |  | Docket Number (Optional)<br><br>3801P197   |
|---|--|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.<br>April 22, 2004   |  | In re Application of<br>Michael J. Witz, et al.  |
| Application Number<br>09/599,051  |  | Filed<br>06/21/2000  |
| Signature <u>Nadya Gordon</u><br>Typed or printed name <u>Nadya Gordon</u>  |  | For<br>COMMUNITY BASED FINANCIAL PRODUCT   |
| Art Unit<br>3624  |  | Examiner<br>Akers, Geoffrey R.   |
| Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.  |  |  |
| The fee for this Notice of Appeal is (37 CFR 1.17(b))   |  |  |
| <input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:   |  |  |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.  |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> . I have enclosed a duplicate copy of the fee transmittal.  |  |  |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.   |  |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</b>   |  |  |
| I am the<br><input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest.<br>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)<br><input checked="" type="checkbox"/> attorney or agent of record.<br><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) _____ |  | <u>Thomas Coester</u><br>Signature<br><br><u>Thomas M. Coester, Reg. No. 39,637</u><br>Typed or printed name |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.  |  | 04/22/04<br>Date   |
| <input type="checkbox"/> *Total of _____ forms are submitted.   |  |  |

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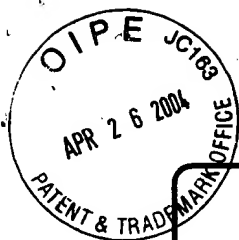
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                    |
|--|--------------------|
| Application No.                          | 09/599,051         |
| Filing Date                              | June 21, 2000      |
| First Named Inventor                     | Michael J. Witz    |
| Art Unit                                 | 3624               |
| Examiner Name                            | Akers, Geoffrey R. |
| Attorney Docket Number                   | 3801P197           |
| Total Number of Pages in This Submission | 5                  |

## ENCLOSURES (check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                                       |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                   |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Petition   | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application                  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | <div>Return receipt postcard</div>  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> PTO/SB/08   |   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |   |
| <input type="checkbox"/> Basic Filing Fee                                    |   |   |
| <input type="checkbox"/> Declaration/POA                                     |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Thomas M. Coester, Reg. No. 39,637<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature               | <i>Thomas Coester</i>  |
| Date                    |  |

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|                       |                     |      |                |
|-----------------------|---------------------|------|----------------|
| Typed or printed name | Nadya Gordon        |      |                |
| Signature             | <i>Nadya Gordon</i> | Date | April 22, 2004 |

| <div>TRADE MARK</div> <div>FREE TRANSMITTAL for FY 2004</div> <div>Effective 01/01/2004. Patent fees are subject to annual revision.</div>   |                    | <div>Complete if Known</div> <table><tr><td>Application Number</td><td>09/599,051</td></tr><tr><td>Filing Date</td><td>June 21, 2000</td></tr><tr><td>First Named Inventor</td><td>Michael J. Witz</td></tr><tr><td>Examiner Name</td><td>Akers, Geoffrey R.</td></tr><tr><td>Art Unit</td><td>3624</td></tr><tr><td>Attorney Docket No.</td><td>3801P197</td></tr></table>  |          | Application Number   | 09/599,051  | Filing Date     | June 21, 2000 | First Named Inventor | Michael J. Witz | Examiner Name | Akers, Geoffrey R. | Art Unit | 3624     | Attorney Docket No. | 3801P197 |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
|--|--------------------|--|----------|--|-------------|-----------------|---------------|----------------------|-----------------|---------------|--------------------|----------|----------|---------------------|----------|--------------------|----|-------------------------------------|-----|------|-----|-------------------|----|---|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|---|-----|------|-------|------------------------|-------|--|--|------|---------|------|---------|---|--|--------------|-----|--------------|----|--|----------|----------|----------|----------|----------|---|----|------|-----|------------------------|-----|--|----|------|-------|-----------------------------------|-----|---|-----|------|-------|---------------------------------------|-----|--|----|------|-----|---|-----|------------------|----|------|-----|---|-----|--|--|------|-----|------|------|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|----------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|--------------|--|--|--|--|-------------|
| Application Number   | 09/599,051         |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Filing Date  | June 21, 2000      |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| First Named Inventor   | Michael J. Witz    |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Examiner Name  | Akers, Geoffrey R. |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Art Unit   | 3624               |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Attorney Docket No.  | 3801P197           |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <table><tr><td>TOTAL AMOUNT OF PAYMENT</td><td>(\$)</td><td>330.00</td></tr></table>  |                    | TOTAL AMOUNT OF PAYMENT  | (\$)     | 330.00   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| TOTAL AMOUNT OF PAYMENT  | (\$)               | 330.00   |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| <div>METHOD OF PAYMENT (check all that apply)</div> <div><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None</div> <div><input checked="" type="checkbox"/> Deposit Account</div> <div>Deposit Account Number: 02-2666</div> <div>Deposit Account Name: Blakely, Sokoloff, Taylor &amp; Zafman LLP</div> <div>The Commissioner is authorized to: (check all that apply)</div> <div><input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments</div> <div><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</div> <div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account</div> |                    | <div>FEE CALCULATION (continued)</div> <div>3. ADDITIONAL FEES</div> <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>2053</td><td>130</td><td>2053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr><tr><td>1804</td><td>920 *</td><td>1804</td><td>920 *</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840 *</td><td>1805</td><td>1,840 *</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>1,210</td><td>2255</td><td>605</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1404</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>2451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>2460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>1809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="6">* Reduced by Basic Filing Fee Paid</td></tr><tr><td colspan="5">SUBTOTAL (3)</td><td>(\$) 330.00</td></tr></tbody></table> |          | Large Entity   |             | Small Entity    |               | Fee Description      | Fee Paid        | Fee Code      | Fee (\$)           | Fee Code | Fee (\$) | 1051                | 130      | 2051               | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 2053 | 130 | 2053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for ex parte reexamination |     | 1804 | 920 * | 1804                   | 920 * | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840 * | 1805 | 1,840 * | Requesting publication of SIR after Examiner action   |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |          | 1252     | 420      | 2252     | 210      | Extension for reply within second month |    | 1253 | 950 | 2253                   | 475 | Extension for reply within third month |    | 1254 | 1,480 | 2254                              | 740 | Extension for reply within fourth month |     | 1255 | 1,210 | 2255                                  | 605 | Extension for reply within fifth month |    | 1404 | 330 | 2401  | 165 | Notice of Appeal |    | 1402 | 330 | 2402  | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145  | Request for oral hearing |  | 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 2460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 1809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | * Reduced by Basic Filing Fee Paid |  |  |  |  |  | SUBTOTAL (3) |  |  |  |  | (\$) 330.00 |
| Large Entity   |                    | Small Entity   |          | Fee Description  | Fee Paid    |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Fee Code   | Fee (\$)           | Fee Code   | Fee (\$) |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1051   | 130                | 2051   | 65       | Surcharge - late filing fee or oath  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1052   | 50                 | 2052   | 25       | Surcharge - late provisional filing fee or cover sheet.                    |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 2053   | 130                | 2053   | 130      | Non-English specification  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1812   | 2,520              | 1812   | 2,520    | For filing a request for ex parte reexamination                            |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1804   | 920 *              | 1804   | 920 *    | Requesting publication of SIR prior to Examiner action                     |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1805   | 1,840 *            | 1805   | 1,840 *  | Requesting publication of SIR after Examiner action                        |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1251   | 110                | 2251   | 55       | Extension for reply within first month                                     |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1252   | 420                | 2252   | 210      | Extension for reply within second month                                    |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1253   | 950                | 2253   | 475      | Extension for reply within third month                                     |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1254   | 1,480              | 2254   | 740      | Extension for reply within fourth month                                    |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1255   | 1,210              | 2255   | 605      | Extension for reply within fifth month                                     |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1404   | 330                | 2401   | 165      | Notice of Appeal   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1402   | 330                | 2402   | 165      | Filing a brief in support of an appeal                                     |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1403   | 290                | 2403   | 145      | Request for oral hearing   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1451   | 1,510              | 2451   | 1,510    | Petition to institute a public use proceeding                              |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1452   | 110                | 2452   | 55       | Petition to revive - unavoidable   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1453   | 1,330              | 2453   | 665      | Petition to revive - unintentional   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1501   | 1,330              | 2501   | 665      | Utility issue fee (or reissue)   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1502   | 480                | 2502   | 240      | Design issue fee   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1503   | 640                | 2503   | 320      | Plant issue fee  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1460   | 130                | 2460   | 130      | Petitions to the Commissioner  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1807   | 50                 | 1807   | 50       | Processing fee under 37 CFR 1.17   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1806   | 180                | 1806   | 180      | Submission of Information Disclosure Statement                             |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 8021   | 40                 | 8021   | 40       | Recording each patent assignment per property (times number of properties) |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1809   | 770                | 1809   | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1810   | 770                | 2810   | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1801   | 770                | 2801   | 385      | Request for Continued Examination (RCE)                                    |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1802   | 900                | 1802   | 900      | Request for expedited examination of a design application                  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Other fee (specify) _____  |                    |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| * Reduced by Basic Filing Fee Paid   |                    |  |          |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| SUBTOTAL (3)   |                    |  |          |  | (\$) 330.00 |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| <div>FEE CALCULATION</div> <div>1. BASIC FILING FEE</div> <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>   |                    | Large Entity   |          | Small Entity   |             | Fee Description | Fee Paid      | Fee Code             | Fee (\$)        | Fee Code      | Fee (\$)           | 1001     | 770      | 2001                | 385      | Utility filing fee |    | 1002                                | 340 | 2002 | 170 | Design filing fee |    | 1003  | 530 | 2003 | 265 | Plant filing fee |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee |       | 1005  | 160 | 2005 | 80    | Provisional filing fee |       | SUBTOTAL (1)   |  |      |         |      | (\$)    | <div>FEE CALCULATION</div> <div>2. EXTRA CLAIM FEES</div> <div>Total Claims: 21</div> <div>Independent Claims: 4</div> <div>Multiple Dependent: 17</div> <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>85</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple Dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>85</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$)</td></tr></tbody></table> <div>**or number previously paid, if greater. For Reissues, see below</div> |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 85 | 2201 | 43    | Independent claims in excess of 3 |     | 1203                                    | 290 | 2203 | 145   | Multiple Dependent claim, if not paid |     | 1204                                   | 85 | 2204 | 43  | **Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | **Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2)                           |  |      |     |      | (\$) |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Large Entity   |                    | Small Entity   |          | Fee Description  | Fee Paid    |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Fee Code   | Fee (\$)           | Fee Code   | Fee (\$) |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1001   | 770                | 2001   | 385      | Utility filing fee   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1002   | 340                | 2002   | 170      | Design filing fee  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1003   | 530                | 2003   | 265      | Plant filing fee   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1004   | 770                | 2004   | 385      | Reissue filing fee   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1005   | 160                | 2005   | 80       | Provisional filing fee   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| SUBTOTAL (1)   |                    |  |          |  | (\$)        |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Large Entity   |                    | Small Entity   |          | Fee Description  | Fee Paid    |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| Fee Code   | Fee (\$)           | Fee Code   | Fee (\$) |  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1202   | 18                 | 2202   | 9        | Claims in excess of 20   |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1201   | 85                 | 2201   | 43       | Independent claims in excess of 3  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1203   | 290                | 2203   | 145      | Multiple Dependent claim, if not paid                                      |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1204   | 85                 | 2204   | 43       | **Reissue independent claims over original patent                          |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| 1205   | 18                 | 2205   | 9        | **Reissue claims in excess of 20 and over original patent                  |             |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
| SUBTOTAL (2)   |                    |  |          |  | (\$)        |                 |               |                      |                 |               |                    |          |          |                     |          |                    |    |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |   |     |      |       |                        |       |  |  |      |         |      |         |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |     |  |    |      |     |   |     |                  |    |      |     |   |     |  |  |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                  |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |              |  |  |  |  |             |
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